

10/561025

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Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	HETEROCYCLIC COMPOUNDS FOR PREVENTING AND TREATING DISORDERS ASSOCIATED WITH EXCESSIVE BONE LOSS
Attorney Docket Number::	61251USN(50586)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Mitsunori
Family Name::	Ono
City of Residence::	Lexington
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	197 Wood Street
City of mailing address::	Lexington
State or Province of mailing address::	MA

Postal or Zip Code of mailing address::	02421
Applicant Authority Type::	Inventor
Primary Citizenship Country::	People's Republic of China
Status::	Full Capacity
Given Name::	Lijun
Family Name::	Sun
City of Residence::	Harvard
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	148 Depot Road
City of mailing address::	Harvard
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	01451
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Yumiko
Family Name::	Wada
City of Residence::	Billerica
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	216 Rangeway Road Unit 184
City of mailing address::	Billerica
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	01862
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Keizo

Family Name::	Koya		
City of Residence::	Chestnut Hill		
State or Province of Residence::	MA		
Country of Residence::	US		
Street of mailing address::	234 Bonad Road		
City of mailing address::	Chestnut Hill		
Postal or Zip Code of mailing address::	02467		
Applicant Authority Type::	Inventor		
Status::	Full Capacity		
Given Name::	Masazumi		
Family Name::	Nagai		
Country of Residence::	US		
Correspondence Information			
Correspondence Customer Number::	21874		
Representative Information			
Representative Customer Number::	21874		
Domestic Priority Information			
Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This Application	Claims priority to	60/474,550	05/29/2003
		60/474,502	05/29/2003
		60/474,410	05/29/2003
Assignee Information			
Assignee name::	Synta Pharmaceuticals Corp.		
Street of mailing address::	45 Hartwell Ave.		
City of mailing address::	Lexington		
State or Province of mailing address::	MA		
Postal or Zip Code of mailing address::	02421		